

## **Proposed Referral Documentation Requirements**

The following are proposed requirements for the HealthCare/Administration Contract. We are asking the health care industry for any comments, recommendations, and impacts on TRICARE, or other input one would wish to make. These are requirements under consideration and should not be taken as final. Thank you for your response.

Please respond by close of business June 14, 2002 by using e-mail:

[TNexHealthcare@tma.osd.mil](mailto:TNexHealthcare@tma.osd.mil)

### **First Requirement:**

The contractor shall ensure that network specialty providers provide clearly legible specialty care consultation or referral reports, operative reports, and discharge summaries to the beneficiary's primary care manager, both military and civilian, within five working days of the specialty encounter. In urgent/emergent situations, a preliminary report of a specialty consultation shall be conveyed to the beneficiary's primary care manager within one hour by telephone, fax or other means with a formal written report provided within the standard (preferred method of delivery to MTF providers is electronically).

### **Second Requirement:**

For all Active Duty members and MTF Prime enrollees, the contractor shall ensure that network providers, either directly or through the contractor (but not both), provide the following information electronically to the central DoD location within 5 working days of the encounter or test completion:

- Encounter notes
- Consultation or referral reports
- Operative reports
- Admission reports
- Lab results
- Radiology reports
- Pathology reports
- Discharge summaries

Please comment on each data element proposed. NOTE: Report data elements are to be in text format and lab results are to be in HL-7 message format.